CONTRACT #4 RFS # 318.66-023

Department of Finance & Administration/Bureau of TennCare

VENDOR:
Tennessee Behavioral Health,
Inc.
(Middle & West Grand
Regions)



STATE OF TENNESSEE **BUREAU OF TENNCARE** 310 Great Circle Road **NASHVILLE, TENNESSEE 37243**

August 4, 2005

Mr. Jim White, Director **Fiscal Review Committee** 8th Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick

Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health Organization amendments. These amendments will establish payment rates for the remainder of Fiscal Year '06. These rates are based on data received from the actuarial with whom TennCare has contracted to establish BHO and MCO capitation rates. All three of these behavioral health amendments reflect reduction of the maximum liability for the fiscal year.

Tennessee Behavioral Health, Inc.

FA-01-14551-12

Middle & West Tennessee

FA-05-16089-03

Tennessee Behavioral Health, Inc.

East Tennessee Grand Region

FA-01-14662-13

Premier Behavioral Health System

Of Tennessee, LLC

We would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

J. D. Hickey **Deputy Commissioner**

Cc: Keith Gaither Alma Chilton

REQUEST: NON-COMPETITIVE AMENDMENT

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RFS# 318.66-0	23			
STATE AGENCY NAME:	Department of Finance and Bureau of TennCare	Administratio	n	
SERVICE CAPTION:	Behavioral Health Organiza TennCare/Medicaid Populat		g Medically Necessary Behaviora	I Services to the
CONTRACT#	FA-01-14661-00		PROPOSED AMENDMENT #	12
CONTRACTOR:	Tennessee Behavioral Heal	th, Inc.		
CONTRACT START DATE		01/01/2001		
CURRENT, LATEST POSS (including ALL options to ex		06/30/2006		
CURRENT MAXIMUM LIAE	BILITY:	\$1,045,748	,566.00	
LATEST POSSIBLE END C	DATE <u>WITH</u> PROPOSED AM tend)	ENDMENT:	06/30/2006	
TOTAL MAXIMUM COST V (including ALL options to ex	<u>VITH</u> PROPOSED AMENDMI tend)	ENT:	\$1,036,098,090.00	
APPROVAL CRITERIA : (select one)	use of Non-Competi	tive Negotiat	ion is in the best interest of the	state
	only one uniquely qu	ualified servi	ce provider able to provide the	service
ADDITIONAL REQUIRED I	REQUEST DETAILS BELOW	/ (address ea	ach item immediately following the	e requirement text)
(1) description of the pro	posed additional service an	d amendme	it effects :	
This amendment established	es payments rates provided	by actuarial c	ontractor that will continue throug	h FY '06.

(2) explanation of n	eed for the proposed amen	dment :	
This amendment is no services for TennCare	eeded in order to establish pe e enrollees. These new rates	ayment mechanisms for per result in a reduction of fund	riod FY '06 in order to continue behavioral health ding for FY '06.
	ss of the proposed contrac roposed contractor is a state		
Dr. Russ Petrella, Ch Magellan Behavioral 199 Pomeroy Road, 3 Parsippany, New Jers	Health Brd Floor		
(4) documentation (required only if t	of OIR endorsement of the l he subject service involves in	Non-Competitive procurer formation technology)	ment request ;
select one:	Documentation Not A	Applicable to this Request	Documentation Attached to this Request
(5) documentation (required only if t	of Department of Personnel the subject service involves tr	endorsement of the Non- aining for state employees)	Competitive procurement request :
select one:	Documentation Not	Applicable to this Request	Documentation Attached to this Request
(6) description of p		dentify reasonable, comp	etitive, procurement alternatives rather than to use
ensure that services t	avioral Health Services for the to recipients will continue with These rates result in a reducti	nout interruption and that pa	since 2001. This amendment to the exisiting contract will syment rates are established for period to continue
(7) justification of w	vhy the F&A Commissioner	should approve a Non-Co	ompetitive Amendment :
providers that Premi	amendment by F&A will ensu er Behavioral Health Systems n of services to enrollees.	re the best interests of Ter s currently has, TennCare is	nnCare enrollees will be served. Based on the network of sconfident that the modifications of this agreement will
(<u>must</u> be signed by the agency head as deta Certification on file w	ith OCR — signature by an will be accepted only in		
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AMENDMENT NUMBER 12 to Contract Number FA-01-14661-00

PROVIDER RISK CONTRACT

BETWEEN

THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

AND

TENNESSEE BEHAVIORAL HEALTH, INC. IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language. The changes in this amendment shall become effective, unless stated otherwise in this document, on August 1, 2005.

1. Section 4.7.1 shall be amended by adding the following language

For the period of July 1, 2005 through June 30, 2006, the maximum liability of the State for the TennCare Partners Program in the Middle and West Tennessee grand regions shall be Two hundred Seventy-Seven Million, Thirteen Thousand Five Hundred Sixty-Eight Dollars (\$277,013,568.00).

2. Section 4.7.2.1 shall be amended by deleting in its entirety and replacing with the following:

For the period August 1, 2005 through June 30, 2006, the monthly capitation payment to be paid to the contractor shall be based on the following rates:

Table 2: Rates

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE			
Priority Population age 0-12	\$200.74			
Priority Population age 13-17	\$352.67			
Priority Population age 18 and above	\$305.38			
Non-Priority Population age 0-12	\$3.62			
Non-Priority Population age 13-17	\$18.43			
Non-Priority Population age 18 and above	\$9.36			

These rates include the nine- percent (9%) administrative fees and the two- percent (2%) premium taxes.

All of the provisions of the original CONTRACT not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.	DATE
Vice President	
Tennessee Behavioral Health, Inc.	
TENNESSEE DEPARTMENT OF MENTAL	
HEALTH AND DEVELOPMENTAL DISABIL	111E5
Virginia Trotter Betts, MSN, JD, RN, FAAI	N DATE
Commissioner	·•
TENNESSEE DEPARTMENT OF	
FINANCE AND ADMINISTRATION:	
M.D. Goetz, Jr.	DATE
Commissioner	
APPROVED:	
TENNESSEE DEPARTMENT OF	
FINANCE AND ADMINISTRATION:	
TIMINEL AND ADMINISTRATION.	
M.D. Goetz, Jr.	DATE
Commissioner	
COMPTROLLER OF TREASURY:	
COMPTROLLER OF TREASORT.	
John G. Morgan	DATE
Comptroller of Treasury	

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 2 8 2005

FISCAL REVIEW

APPROVED			
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Commissioner of Finance	e & Adminis	tration	
Date:			

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RFS# 318.66-0	23						
STATE AGENCY NAME:	Department of Finance and a Bureau of TennCare	Administration	1				
SERVICE CAPTION:	Behavioral Health Organizat TennCare/Medicaid Populati		g Medically Necessary Behaviora	Services to the			
CONTRACT#	FA-01-14661-00		11				
CONTRACTOR:	Tennessee Behavioral Healt	th, inc.					
CONTRACT START DATE	:	01/01/2001					
CURRENT, LATEST POSS (including ALL options to ex	IBLE END DATE : tend)	12/31/2005					
CURRENT MAXIMUM LIAB	BILITY:	\$759,084,52	22.00				
LATEST POSSIBLE END D (including ALL options to ex	DATE <u>WITH</u> PROPOSED AMI tend)	ENDMENT:	06/30/2006				
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	only one uniquely qu	ialified servi	ce provider able to provide the	service			
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REQUEST: NON-COMPETITIVE AMENDMENT

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STATE AGENCY NAME	Department of Finance and Administration Bureau of TennCare
SERVICE CAPTION:	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicald Population
CONTRACT#	FA-01-14661-00
CONTRACTOR:	Tennessee Behavioral Health, Inc.
CONTRACT START DATE	01/01/2001
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APPROVAL CRITERIA: (select one)	use of Non-Competitive Negotiation is in the best interest of the state
	only one uniquely qualified service provider able to provide the service
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Treatment (EPSDT) to TEN	methadone benefits to the BHO and changes the references to Early Periodic Screening, Diagnosis and NderCare. Additionally, this amendment modifies appeals language to meet the Balanced Budget Act S Checkliest for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-The maximum liability and capitation rates have been adjusted as necessary.

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Office of Contracts Review

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